

FASD in Wisconsin: New Initiatives to Address Prevention and Intervention with Women and Children At-Risk

Georgiana Wilton

Kristi Obmascher

University of Wisconsin

Department of Family Medicine

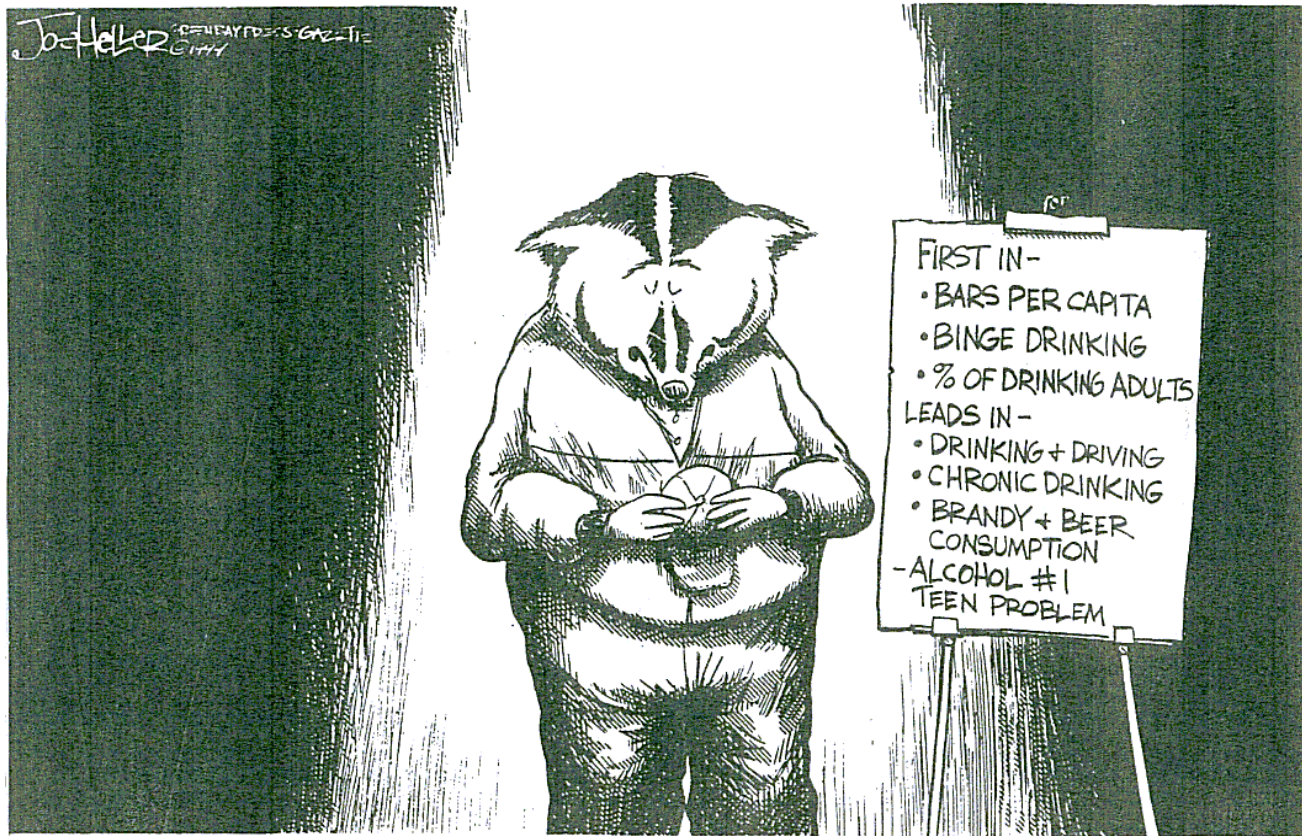
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Presentation Overview

- Wisconsin: A State at-risk
- Difficulty in addressing FASD
- Collaborations: A birds-eye view
- Inter-related projects addressing the prevention, intervention, treatment and surveillance of FASD
 - Family Empowerment Network
 - Wisconsin Treatment Outreach Project
 - FASD Identification and Treatment Project
 - Wisconsin FASD Prevention Initiative
- FASD Prevention and Intervention Project (PIP)

Wisconsin: A State at-risk

- Prenatal alcohol exposure is a leading cause of MR and LD in the U. S. today.
- Wisconsin continues to have the highest prevalence in the US of reported frequent alcohol consumption among women ages 18-44; 25.26% (BRFSS 2001).



"HELLO, MY NAME IS BUCKY AND I HAVE A DRINKING PROBLEM..."

Background, cont...

- Research from the UW-Medical School indicates that
 - approximately 25% of women of childbearing age seen in primary care clinics screen positive for at-risk drinking (Fleming, 1998).
 - 10% of postpartum women screen positive for at-risk drinking (Fleming, 2004).



Fetal Alcohol Syndrome

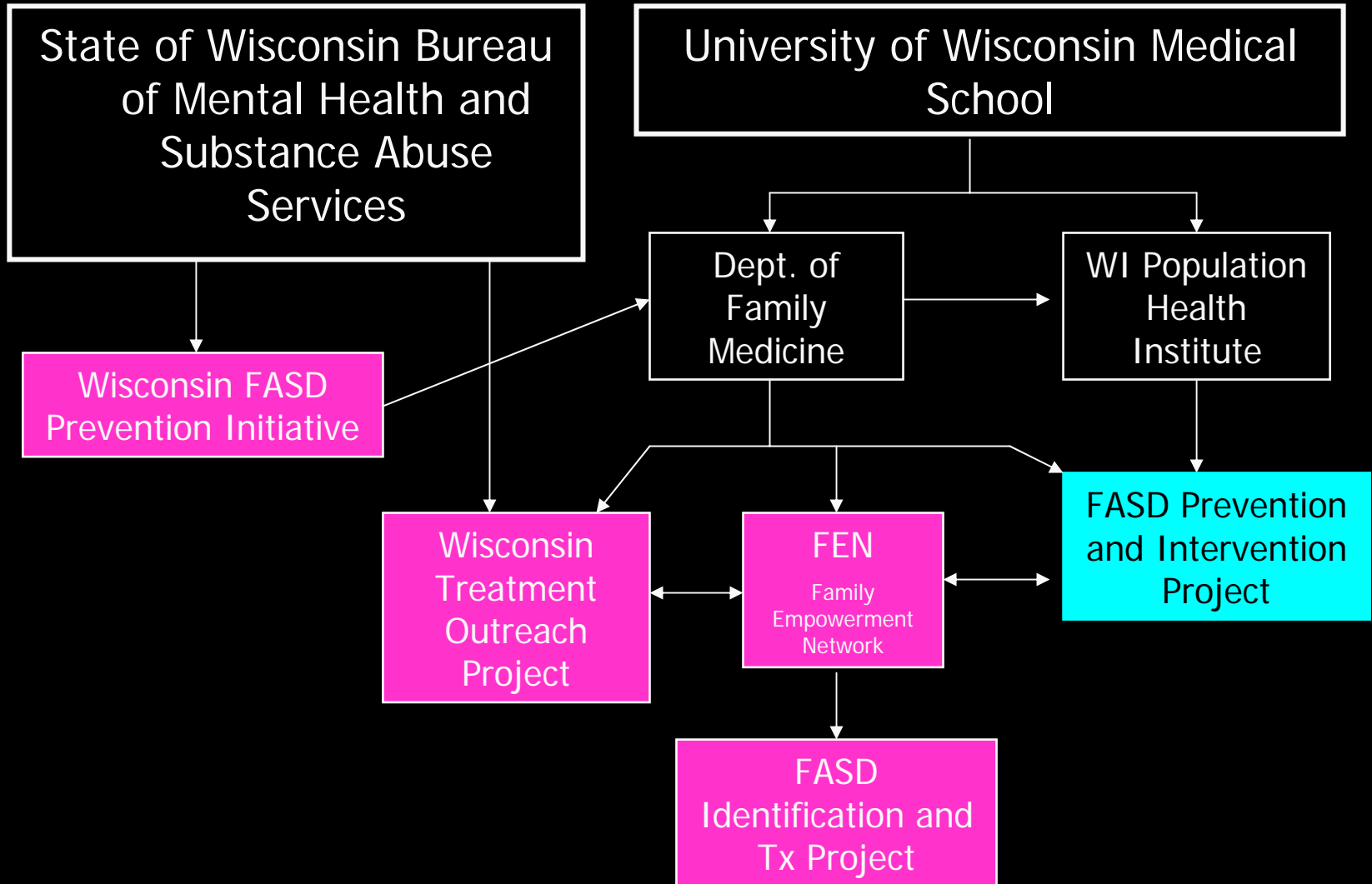
- Falls under the spectrum of adverse outcomes caused by prenatal alcohol exposure called Fetal Alcohol Spectrum Disorders (FASD)
- Characterized by decreased growth, specific facial features and brain abnormalities and results in physical, cognitive, and behavioral disabilities
- A leading cause of mental retardation and learning disabilities
- Other conditions associated with prenatal alcohol exposure include pFAS, ARBD, ARND

Difficulty in Addressing FASD

- Not all kids who are exposed are affected
- Variable manifestations in characteristics of individuals affected
- Inconsistency in diagnostic criteria across systems and across states
 - E.g., health care systems (including mental health, educational, vocational)
- Lack of identification of women and children at-risk
- General lack of awareness about FASD
- Developing research on prevention and intervention success...

What's going on in Wisconsin?...

Collaborations: A Birds-Eye View



Wisconsin FASD Prevention Project

- Initiated the *Wisconsin FASD Task Force*
- Project designed to reduce the number of pregnant women who drink alcohol
 - Targeted recruitment/training
 - Brief MI Intervention protocol

Family Empowerment Network (FEN)

- To provide support and service to families affected by FASD.
 - Provide education and training
 - Advocacy and support (e.g., IEP planning, IPE planning)
 - Toll-free *Family Advocate Line*
 - *www.fammed.wisc.edu/fen*

Wisconsin Treatment Outreach Project

Funded by State of WI: Bureau of Mental Health and Substance Abuse Services

- Providing FASD-specific services to state-funded women's treatment programs and their ancillary service providers
 - Education/Training
 - Clinical Outreach
 - Family Services Planning
 - Support to Families Affected

FASD Identification and Treatment Project

Funded by Northrop Grumman Health Solutions (SAMHSA)

- Goal: To improve the adaptive functioning of children diagnosed with FASD at the project's multi-disciplinary clinic
 - Clinical trial to test the efficacy of a family-based intervention on increasing the adaptive functioning of children affected by FASD ***and*** increasing family functioning.

FASD Prevention and Intervention Project

Funded by the Centers for Disease Control and Prevention

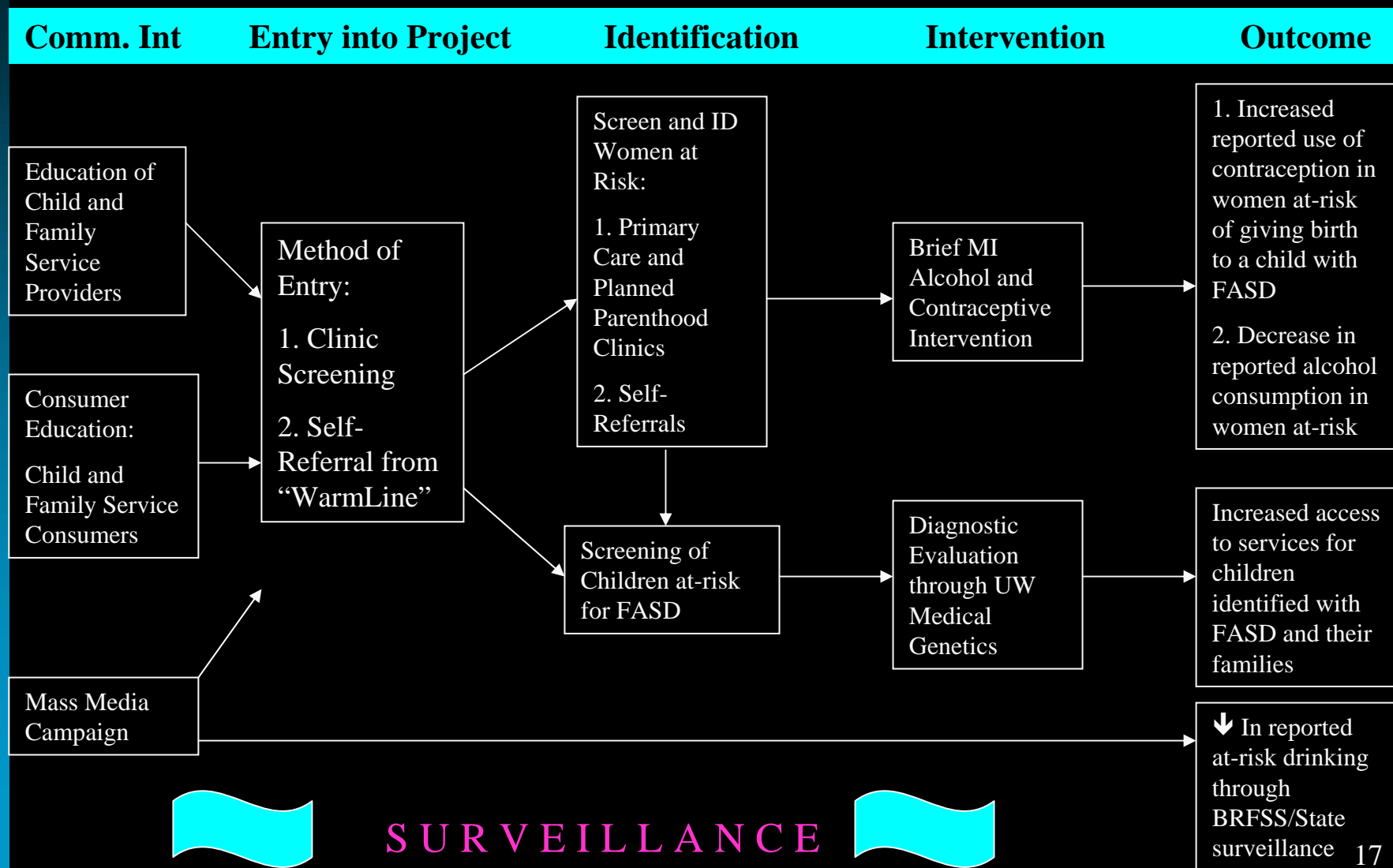
- Collaboration between the UW Departments of Family Medicine and Population Health Sciences and the State of Wisconsin's Division of Health and Family Services
- Targets a 9-county region in Southern Wisconsin
- Counties identified through state surveillance as having a high proportion of women at risk of giving birth to a child with FASD

FASD Prevention and Intervention Project, cont.

Five Levels:

- I. Community Intervention
- II. Individual Intervention-Clinical Trial
- III. Screening Children At Risk
- IV. Linking Children to Services
- V. Surveillance

Wisconsin FASD Prevention and Intervention Project



Level I: Community Intervention

Level I: Community Intervention

- Project FASD Awareness and Education
 - Primary/Universal Awareness
 - Targeted Education



Primary/Universal Prevention

- **Definition:** Efforts to delay or prevent problems that focus on the entire population.
- **Goal:** Encourage women who are risk for an alcohol-exposed pregnancy to change their behaviors; but unfortunately there is limited research to support specific prevention efforts.
- **Pros/Cons:** There are both benefits (reach larger audience, lower costs) and limitations (difficult to reach those at greatest risk).
- **Rationale:** FASD costs the U.S. approximately \$2.8 billion per year, and the lifetime cost for one individual with FAS is \$2 million.

Barriers to Prevention

- Societal Barriers
 - Public Acceptance of Drinking, Lack of Awareness and Understanding, Limited Funding/Services, etc.
- Consumer Barriers
 - High Rates of Unintended Pregnancies, Difficulties Changing Behavior, Alcohol Addiction, etc.
- Professional Barriers
 - Personal Biases, Competing Interests, etc.
- Other Barriers
 - Unintended Negative Consequences, etc.



Developing Messages

- The language, images and even colors used can influence the potential effectiveness of prevention materials (i.e. use of term 'fetus' versus 'child').
- FASD Prevention campaigns need to proactively consider their stance on alcohol consumption (i.e. pros/cons of strong 'no use' message).
- How do we target specific messages to appropriate audiences?



Effectiveness Data

- 1993 Alaska random phone survey (n=400) found 91% of respondents had heard of FAS, 41% "knowledgeable" about issue.
- 1995 Minnesota phone survey to assess effectiveness of media campaign ("There is no known safe level, time, or type of alcohol to use during pregnancy") found increased understanding of issues.
- 2004 Ontario pre/post phone survey (n=340) to assess effectiveness of awareness campaign ("Be Safe: Have an Alcohol-Free Pregnancy") found 62% reported seeing campaign, 65% increase in belief alcohol can cause birth defects, 15% increase in belief women should not drink during pregnancy.

Planned Project Materials

- FASD Prevention Brochure Targeting Women of Childbearing Age
 - Distribute to Health & Human Services Agencies
- Series of FASD Prevention Posters Targeting (a) Pregnant Women, (b) Women who Could be Pregnant, (c) Those Concerned about Women Who are Drinking During Pregnancy
 - Distribute to Health & Human Services Agencies
- Supplemental Info & Self-Change Manual
 - Send to Women/Others who Contact Project

Our Alcohol & Pregnancy Messages

- If you are pregnant, or could become pregnant, don't drink alcohol.
- There is no known safe amount or safe time to drink alcohol during pregnancy.
- Drinking alcohol (including beer, wine, wine coolers, mixed drinks and shots) during pregnancy can cause lifelong problems for the developing baby.
- It is never too late to stop drinking alcohol.



Other Messages

- Women and Alcohol Information
- Pregnancy Prevention Information
- Sources for More Information
 - Toll-Free Warm Line



Project Warm-Line

- 24/7 Access?
- Collaboration with Wisconsin MCH Hotline?
- Link to Project Intervention



Project Warm-Line Referral System

- Provide Crisis Referrals As Needed
- Solicit Caller Contact Information
 - Send Information and Self-Guided Change Manual to Interested Callers
 - Conduct Telephone (Alcohol) Pre-Screening as Appropriate
 - Schedule Baseline Assessment Interview for Women who are Eligible *and* Consent
 - Send Information to Others



Targeted Education

- Collaborate with the Family Empowerment Network (FEN) to Provide Education to:
 - Women-Specific AODA Treatment Centers
 - Maternal and Child Health Services Providers
 - Clients at Health and Human Services Agencies



Is FASD 100% Preventable?

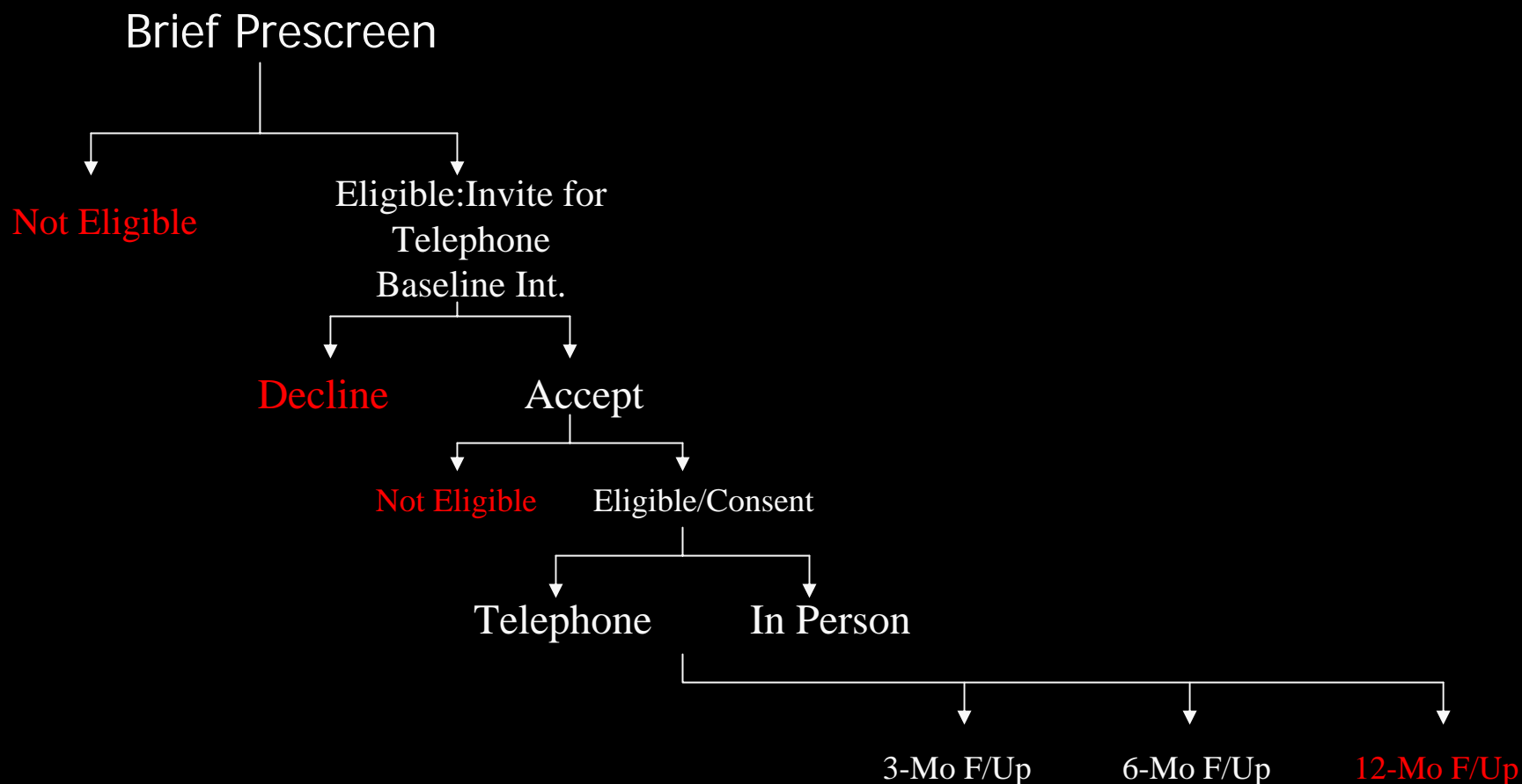


Level II: Individual Intervention

Level II: Brief Intervention with Women at Risk

- Designed to test the difference in outcome between in-person and telephone-based brief intervention on reducing a woman's risk for an alcohol-exposed pregnancy
 - Reduce alcohol consumption and/or increase effective contraception use

Telephone vs. In-Person Administration



Brief Intervention

- 4 Sessions
- Based on “Readiness to Change”
- Personalized Feedback Provided with Homework
- Rapport Building
 - Same Interventionist from Baseline through Intervention
- Incentives for Participation

Brief Intervention, cont.

- Screen approx. 5,000 women in pre-selected medical settings that have a high rate of women at risk of alcohol-exposed pregnancies
- Conduct baseline with approx. 500 women
- 180 women will be randomized into either the in-person or telephone based delivery of the intervention
 - Only the delivery method varies

Outcomes of Interest

- Decrease in Alcohol Consumption
- Increase in Effective Contraception
- Personal and Community Variables Including:
 - Other Drug Use
 - Depression
 - Eating Disordered Behavior
 - Partner Violence
 - Partner Alcohol and Other Drug Use
 - Health Outcomes (e.g., ER Visits, Accidents)
 - Etc.

For More Information

Prevention Initiatives

Kristi Obmascher, BS
Senior Outreach Specialist
UW Dept. of Family Medicine
777 S. Mills Street
Madison, WI 53715
(608) 261-1418
Kristi.obmascher@fammed.wisc.edu

Research Initiatives

Georgiana Wilton, PhD
Associate Scientist
UW Dept. of Family Medicine
777 S. Mills Street
Madison, WI 53715
(608) 261-1419
Georgiana.wilton@fammed.wisc.edu